E11 C 11 1 1 1	سند بشاه ففاه	ITIE	DIVISION OF HE	* 15 !!! O! !!!!				
TILLY JA	AN 17 1951	STAN	IDARD CERTIF	ICATE OF DE	ATH	State	File No	4389
BIRTH NO		REG. DIS	T. NO. 317	PRIMARY REG. DIST	. но. 🚣	76 Regist	rar's No	3183
I. PLACE OF DE	ATH					Vhere deceased liv		*****
• COUNTY				li a STATE		b. COUI	LITY	tution: resider
	aint Louis		<del></del>	Miss				Louis
b. CITY (If outside ed	orporate limits, write B		c. LENGTH OF	C. CITY (If outside or		, write BURAL an	d give towns	aip)
Market and	hester		24 Days	12 TOWN Ferg	uson		41	29
d. FULL NAME OF	(If not in hospital or i	institution, give	struct address or location)	d. STREET		give location)	- /	,
HOSPITAL OR	Pine Cfes	it Mursi	ng Home	ADDRESS 613	6 Payn	e Avenue		
NAME OF	a. (First)		b. (Middle)	c. (Last)			(Month)	(De=) (
DECEASED (Type or Print) A	ugust			Voltachmidt	•	l OF `		(Day) (1
	COLOR OR RACE	4.7. 1440015	O NOVER HARRIER	Kaltschmidt		9. AGE (In real		<del>~</del>
		WIDOWE	D, NEVER MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH		J. AUE. (In year)	Months   1	YEAR IF DROP Days Hours
	White	Marri	.ed. /	Dec. 18th.		92	10	12
a. USUAL OCCUPATION do no during most of world	ON (Give kind of work	10b. KIND	OF BUSINESS OR IN-	11. BIRTHPLACE (Stat	e or foreign o	ountry) 7	/ 1	2. CITIZEN
etired Watc	hnan	None	DO31K1	Germany		7		COUNTRY
a. FATHER'S NAME			. MOTHER'S MAIDEN	<del></del>	14. NA	E OF HUSBAND	OR WIFE	
nknovn		1	Inknown		Amali	a Kaltech	mf.āt	nee G
. WAS DECEASED EVE	FR IN II S ARMED		S SOCIAL SECURITY	17. INFORMANT				ADDR
(II (18, no, or unknown)	I yes, give war or dates	of service)	NO.	1				
No	None		None		euer.	<u>4427 Bese</u>	<u>ie Av</u>	
B. CAUSE OF DEATH	L DISEASE OR C	CNDITION	MEDICAL C	ERTIFICATION	, ~	101-1	1	ONSET AND
nter only one cause per ne for (a), (b), and (c)	I. DISEASE OR CO	ING TO DEAT	H*(a)	UTI CARA	ur	Allala	un	1da
	ANTECEDENT CA			a /			20	<del>, , , , , , , , , , , , , , , , , , , </del>
*This does not mean to mode of dring, such			DUE TO (b)	mona	ma	on undi		40
heart failure, asthenia,	Morbid conditions rise to the above co the underlying cas	s, 1) any, min zause (a) statin	g 502 10 (b)	<del></del>	X	<del>v cover</del>		
c. It means the dis-	the underlying can	use last.	DUE TO (A)		()		ł	0
ue, injury, or complica-			DUE TO (c)				i	
m ankink annual danch	I II OTHER SIGNIE	FICANT CONT						
on which caused death.	11. OTHER SIGNII			1.61	DOR			1011
	Conditions contrib	buting to the de use or condition	ath but not causing death.	Denil	ily			104
a. DATE OF OPERA-		buting to the de use or condition	ath but not causing death.	Denil	lity			OU)
<u> </u>	Conditions contrib	buting to the de use or condition	ath but not causing death.	Denil	lity	4222		OU) 20. AUTOPS
a. DATE OF OPERA- TION	Conditions contrit related to the disea 19b. MAJOR FINE (Specify)	buting to the de use or condition DINGS OF OP 21b. PLACE OF	ath but not causing death. ERATION	Semil	TOWNSHIP	,	JNTY)	_
a. DATE OF OPERA- TION	Conditions contrit related to the disea 19b. MAJOR FINE (Specify)	buting to the de use or condition DINGS OF OP 21b. PLACE OF	ath but not causing death. ERATION	Scrib 21c. (CITY, TOWN, OR	TOWNSHIP	,	UNTY)	YES 🗌
a. ACCIDENT SUICIDE HOMICIDE  d. TIME (Month)	Conditions contrib related to the disea 19b. MAJOR FINI (Specity)	buting to the de- ties or condition DINGS OF OP 21b. PLACE OF home, farm, fact	ath but not causing death. ERATION			,	UNTY)	YES 🗌
a. ACCIDENT SUICIDE HOMICIDE  d. TIME (Month)	Conditions contrib related to the disea 19b. MAJOR FINI (Specity)	buting to the de- tale or condition DINGS OF OP 21b. PLACE OF home, farm, fact (Hour) 21e. WHI	ath but not couring death.  ERATION  INJURY (e.g., in or about ory, street, office bidg., etc.)  INJURY OCCURRED  EAT NOT WHILE	21c. (CITY, TOWN, OR		,	UNTY)	YES 🗌
Da. DATE OF OPERATION  Ja. ACCIDENT SUICIDE HOMICIDE  JOHN (Month) OF INJURY	Conditions contrib related to the disea  19b. MAJOR FING (Specify) (Day) (Year) (	buting to the decise or condition DINGS OF OP  21b. PLACE OF home, farm, fact (Hour) 21e. WHII	ath but not causing death.  ERATION  INJURY (e.g., in or about cry, street, office bidg., etc.)  INJURY OCCURRED EAT NOT WHILE RK AT WORK	21f. HOW DID INJURY		) (COI		YES C
9a. DATE OF OPERATION  1a. ACCIDENT SUICIDE HOMICIDE  1d. TIME (Month) OF INJURY  2. I hereby certify	Conditions contrit related to the disea  190. MAJOR FINI (Bpecity) (Day) (Year) ( that I attended t	buting to the decise or condition DINGS OF OP  21b. PLACE OF home, farm, fact (Hour) 21c. MHIT WO	ath but not counting death.  ERATION  INJURY (e.g., in or about cry, street, office bidg., etc.)  INJURY OCCURRED  EAT NOT WHILE RK AT WORK	21f. HOW DID INJURY	y occurr	, 10 CO. th	at I last	(STAT
In. ACCIDENT SUICIDE HOMICIDE Id. TIME (Month) OF INJURY  2. I hereby certify alive on	Conditions contrib related to the disea  19b. MAJOR FING (Specify) (Day) (Year) (	buting to the decise or condition DINGS OF OP  21b. PLACE OF home, farm, fact (Hour) 21c. MHIT WO	cit but not couring death.  ERATION  INJURY (e.g., in or about ory, street, office bidg., etc.)  INJURY OCCURRED  LEAT NOT WHILE  from	21f. HOW DID INJURY  19-50, to 11:30Am., from 1	y occuri	, 10 CO. th	at I last	(STAT
9a. DATE OF OPERATION  1a. ACCIDENT SUICIDE HOMICIDE  1d. TIME (Month) OF INJURY  2. I hereby certify	Conditions contrit related to the disea  190. MAJOR FINI (Bpecity) (Day) (Year) ( that I attended t	buting to the decise or condition DINGS OF OP  21b. PLACE OF home, farm, fact (Hour) 21c. MHIT WO	ath but not counting death.  ERATION  INJURY (e.g., in or about cry, street, office bidg., etc.)  INJURY OCCURRED  EAT NOT WHILE RK AT WORK	21f. HOW DID INJURY	y occuri	, 10 CO. th	at I last	(STAT
9a. DATE OF OPERATION  1a. ACCIDENT SUICIDE HOMICIDE  1d. TIME (Month) OF INJURY  2. I hereby certify alive on	Conditions contrit related to the disea  190. MAJOR FINI (Bpecity) (Day) (Year) ( that I attended t	buting to the decise or condition DINGS OF OP  21b. PLACE OF home, farm, fact (Hour) 21c. MHIT WO	cit but not couring death.  ERATION  INJURY (e.g., in or about ory, street, office bidg., etc.)  INJURY OCCURRED  LEAT NOT WHILE  from	21f. HOW DID INJURY  19-50, to 11:30Am., from 1	y occuri	, 10 CO. th	at I last	(STAT
9a. DATE OF OPERATION  1a. ACCIDENT SUICIDE HOMICIDE  1d. TIME (Month)  OF INJURY  2. I hereby certify alive on 12	Conditions contrib related to the disea  190. MAJOR FINI (Specity) (Day) (Year) ( that I attended t	buting to the desse or condition DINGS OF OP  21b. PLACE OF bome, farm, fact  (Hour) 21c.  MHII WO  the deceased O., and that	cit but not couring death.  ERATION  INJURY (e.g., in or about ory, street, office bidg., etc.)  INJURY OCCURRED  LEAT NOT WHILE  from	21f. HOW DID INJURY  19-10, to /1  11:30Am., from 1  23b. ADDRESS	Y OCCUR?  30 the causes	, 10 CO. th	at I last ite stated	saw the de above.
9a. DATE OF OPERATION  1a. ACCIDENT SUICIDE HOMICIDE  1d. TIME (Month) OF INJURY  2. I hereby certify alive on 13  3a. SIGNATURE  4a. BURIAL. CREMA ION REMOVAL Operator	Conditions contrib related to the disea  190. MAJOR FINI (Specity) (Day) (Year) ( that I attended t	buting to the desse or condition DINGS OF OP  21b. PLACE OF home, farm, fact (Hour) 21e. m. WHII WO	cath but not couring death.  ERATION  INJURY (e.g., in or about ory, street, office bidg., etc.)  INJURY OCCURRED  EAT NOT WHILE RK AT WORK  from L  death occurred at  ADegree or tigle)  C. NAME OF CEMETER	21f. HOW DID INJURY  10 0, to 1  11:30Am., from 1  23b. ADDRESS  Y OR CREMATORY	y OCCUR?  30 he causes  24d. LOCA	, 1950, the and on the do	at I last the stated	saw the de above.
9a. DATE OF OPERATION  1a. ACCIDENT SUICIDE HOMICIDE  1d. TIME (Month) OF INJURY  2. I hereby certify alive on 12  3a. SIGNATURE  4a. BURIAL, CREMA ION, REMOVAL (Breatly Burial	Conditions contributed to the disease 190. MAJOR FINE  (Breedly)  (Day) (Year) (  that I attended to the disease to the diseas	buting to the de- use or condition DINGS OF OP  21b. PLACE OF home, farm, fact (Hour) 21e. m. WHIT WO the deceased D., and that 24 F.	ath but not couring death.  ERATION  INJURY (e.g., in or about ory, street, office bidg, etc.)  INJURY OCCURRED  EAT NOT WHILE  IRK AT WORK  death occurred at  ADegree or sigle)  C. NAME OF CEMETER  riedens Ceme	21f. HOW DID INJURY  10 0, to 1  11:30Am., from 1  23b. ADDRESS  Y OR CREMATORY  tery	y OCCUR?  30 the causes  24d. LOCA  St. Lo	nion (City, town	at I last the stated n, or county souri	saw the de above.  23c. DAYE S
9a. DATE OF OPERATION  1a. ACCIDENT SUICIDE HOMICIDE  1d. TIME (Month) OF INJURY  2. I hereby certify alive on 13  3a. SIGNATURE  4a. BURIAL. CREMA ION REMOVAL Operator	Conditions contritivelated to the disease 196. MAJOR FINE  (Specify)  (Day) (Year) (Contribution of the disease	buting to the decise or condition DINGS OF OP  21b. PLACE OF home, farm, fact (Hour) 21c. WHITE WO	cath but not couring death.  ERATION  INJURY (e.g., in or about ory, street, office bidg, ere.)  INJURY OCCURRED  EAT NOT WHILE RK AT WORK (In the death occurred at the death o	21f. HOW DID INJURY  10 0, to 1  11:30Am., from 1  23b. ADDRESS  Y OR CREMATORY  tery	y occurr 30 the causes 24d. Local St. Local	n, 19 0, the and on the do	at I last the stated on, or county souri	saw the de above.  23c. DAYE S

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.

working under my personal supervision.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Licensed Embalmer No.

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.